

TennCare

RELEASE OF INFORMATION FOR INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Please be advised that permission is given for _____
Name of School
to release information concerning:

Full Name of Child

Social Security Number

I know that the information shared will be this child's IEP. The IEP will be shared with the child's TennCare plan and his/her doctor. I know that this form also lets the TennCare plan share information with the school. This information is private and will be given only to people who work with this child.

Parent / Guardian Signature

Date

Witness Signature

Date